## SELF SERVICE CENTER

## PROCEDURES: HOW TO SERVE COURT PAPERS BY SHERIFF

STEP 1: GO.

Contact the Sheriff's Office in the county where the other party lives. Bring your court papers with you, **or** send a copy of the court papers to the Sheriff's Office if the other party does **not** live in the same county as you do. In Maricopa County the Sheriffs Office Civil Process Unit is located at:

Maricopa County Sheriff's Office, Civil Unit 201 West Jefferson Street, 2nd Floor West Court Building Phoenix, Arizona 85003 602-876-1840

**Notice:** There is a filing fee for all Petitions, Complaints, Answers and Responses and there are fees for service of court papers. You may request a waiver or deferral of the filing fees (and the Sheriff's service fees if you intend to use the Sheriff's Office for service) at the time you file your papers with the Clerk of the Court.

STEP 2: WRITE.

If you are asking that the papers be served by a Sheriff's Department other than Maricopa County's, fill out the attached sheet for identifying the other party and provide:

- Other party's set of copies of the court papers.
- A picture or written physical description of the other party.
- A written description of the automobile the other party drives.
- The address where other party can be served.
- "Certified Order Waiving/Deferring Fees," or a \$200.00 deposit fee cash/money order.

STEP 3: WAIT.

The Sheriff may mail you a copy of the "Affidavit of Service" after the other party is served with the papers, or the Sheriff may file these papers instead of sending them back to you.

STEP 4: COUNT:

Read the "Affidavit of Service" to find out the date the other party was served with the court papers and start counting the days the other party has to file a Response or Answer. (When counting the days, start counting with the day after the other party was served with the court papers.)

## DO NOT BRING CHILDREN TO COURT.

			()	YOUR NAME)				
				(ADDRESS)				
	<u> </u>		(Cl	TY/STATE/ZIP)				
			(TELE	PHONE NUMBER	₹)			
				(DATE)				
(COUNTY NAM	ΛΕ)			County \$	Sheriff			
(ADDRESS)								
				COURT CASE NO.				
(CITY/STATE/Z	ZIP)							
REGARDIN	IG: (NAME O	F PERSON 7	ГО BE SERV	'ED)				
Please serv		ers on the otl	her party. H	is or her curr	ent address	and physica	ıl description are:	
(HOME ADDRESS)				(WOR	(WORK ADDRESS)			
(HOME CITY/S	TATE/ZIP)			(WOR	K CITY, STATE	, ADDRESS)		
SEX	RACE	BIRTH	HGT.	WGT.	EYES	HAIR	SSN	
SEX	RACE	BIRTH	HGT.	WGT.	EYES	HAIR	SSN	
Please retu	ırn a notarize	ed <b>"Affidavi</b> t	t of Service	" to my addr	ess at your	earliest con	SSN venience. The court	
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